

GET WITH THE GUIDELINES.®

STROKE

Get With The Guidelines® & Primary Stroke Center Certification

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Financial Disclosure:
Nothing to Disclose

Unlabeled / Unapproved Uses Disclosure:
Nothing to Disclose

Objectives:

1. Show how Get With The Guidelines® usage assists in Primary Stroke Center Certification
2. Outline general aspects necessary for Primary Stroke Center Certification
3. Update audience on proposed CMS requirements towards quality data submission corresponding to stroke treatment.

Innocence is Priceless

One Sunday morning, the pastor noticed little Randy standing in the foyer of the church staring up at a large plaque. It was covered with names and small American flags mounted on either side of it. The six-year old had been staring at the plaque for some time, so the pastor walked up, stood beside the little boy, and said quietly, "Good morning, Randy." "Good morning, Pastor," he replied, still focused on the plaque.. "Pastor, what is this?" The pastor said...." Well, son, it's a memorial to all the young men and women who died in the service." Soberly, they just stood together, staring at the large plaque.



Innocence is Priceless



Finally, little Randy's voice, barely audible and trembling with fear asked..

" Which service.....the 8:30 or the 10:45? "

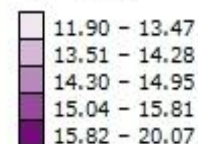
Why is all this PSC stuff important?

Indiana — Stroke Hospitalization Rates

Total Population, Ages 65+, Medicare Beneficiaries, 2000 – 2006



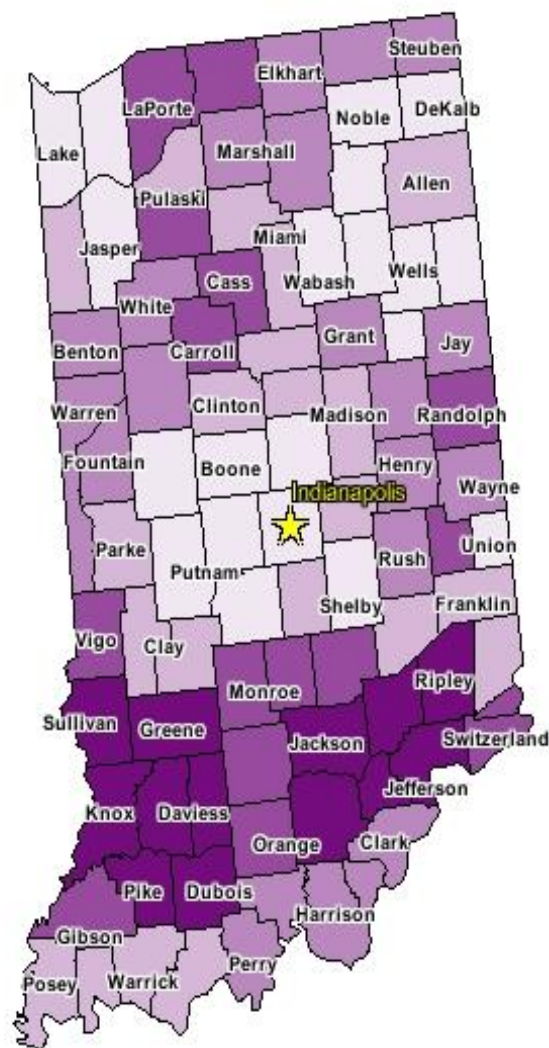
Age-adjusted rate
per 1,000



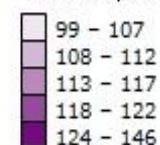
Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

Indiana — Stroke Death Rates

Total Population, Ages 35+, 2000 – 2006



Age-adjusted
Average(Annual)
Deaths per 100,000



Department of Health and Human Services
Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion

The Joint Commission's Diseasee Specific Certification Program

Primary Stroke Center

Primary Stroke Center Evaluation



JC DSC Standards + BAC Recommendations



Quality & Safety
of Stroke Care

**ASA or equivalent
evidence-based guidelines**

Standardized Measure Set

Core Program Components

Standards

Disease-Specific
Care
Certification

Guidelines

Measures

Disease-Specific Care Standards



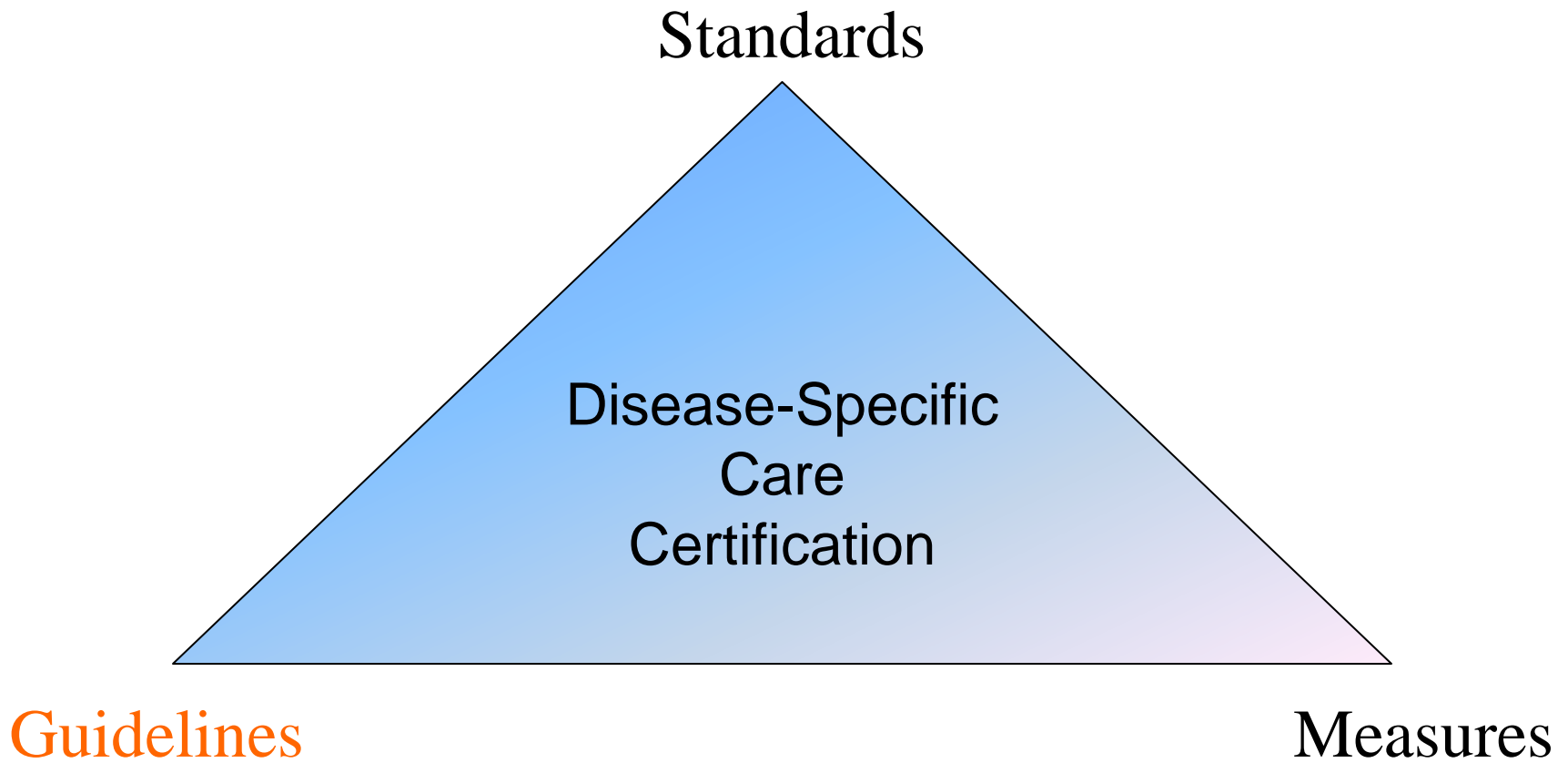
- Program Management
10 standards
- Delivering or Facilitating Clinical Care
4 standards
- Supporting Self-Management
3 standards
- Clinical Information Management
5 standards
- Performance Improvement and Measurement
6 standards

Brain Attack Coalition Recommendations



- Hospital and Administrative Support
- Acute Stroke Team
- Written Care Protocols
- Emergency Medical Systems
- Emergency Department
- Stroke Unit
- Neurosurgical Services
- Neuroimaging
- Laboratory Services
- Outcomes/Quality Improvement
- Educational Programs

Core Program Components

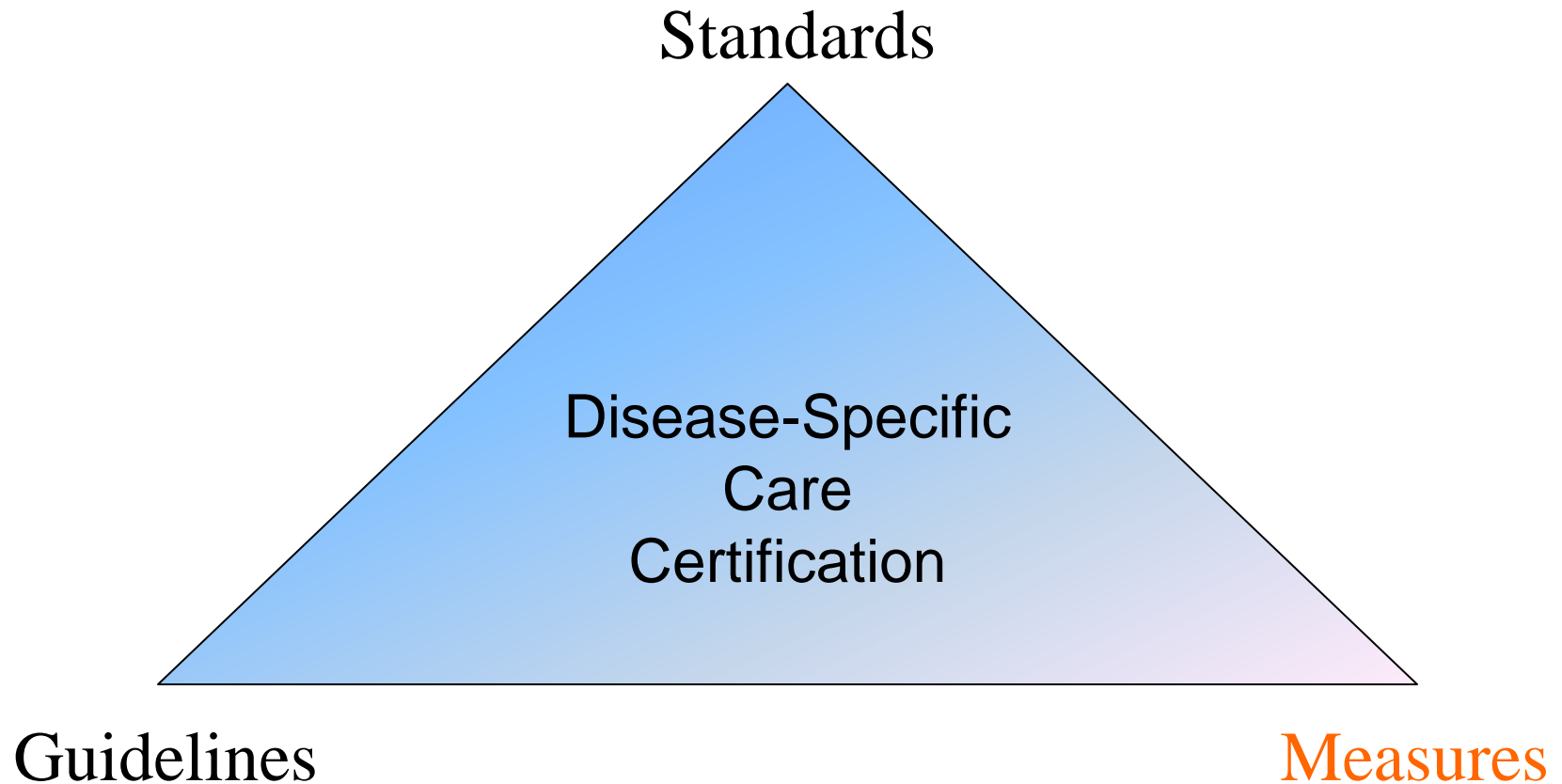


Primary Stroke Center Clinical Practice Guidelines



- Patient care must be based on guidelines/evidence-based practice
- The stroke center identifies the guidelines it will use
- Onsite review process includes
 - Assessment of implementation of CPGs
 - Rationale for selection and modification

Core Program Components



STROKE NATIONAL HOSPITAL INPATIENT QUALITY MEASURES Set



2010 Data

Measure

ID #

Measure Name

STK-1 _{1,2}	Venous Thromboembolism (VTE) Prophylaxis
STK-2 _{1,2}	Discharged on Antithrombotic Therapy
STK-3 _{1,2}	Anticoagulation Therapy for Atrial Fibrillation/Flutter
STK-4 _{1,2}	Thrombolytic Therapy
STK-5 _{1,2}	Antithrombotic Therapy By End of Hospital Day 2
STK-6 _{1,2}	Discharged on Statin Medication
STK-8 _{1,2}	Stroke Education
STK-10 _{1,2}	Assessed for Rehabilitation

1 CMS Informational ONLY

2 The Joint Commission ONLY

2010 Performance Measure Changes



- 8 of the 10 stroke measures were endorsed by the National Quality Forum
- Effective 1-1-10, certified PSCs must collect and submit data on these 8 measures.
- Accredited hospitals may use this measure set to fulfill their ORYX core measure data requirements for accreditation
- CMS does not currently require collection of stroke measures – **YET** (We'll talk later!)

**Get With The Guidelines®
takes care of all your
measuring / reporting issues
with one easy system!**



Current User Gregory Poe

Hospital AHA Staff

Users

My Account

Log Out

Search for User:

Study Any Study

Username

Last Name

City

State --Select One--

Phone

Org. ID

Org. Name

Search

Configurable Measure

Generate Report

TIME PERIOD

REPORT 1

Measure:

Format:

Compare to:
(ctrl-click to select multiple)

FILTER OPTIONS SHOW

Age
Race
Diagnosis
NIHSS Reported
LOS
Risk-Adjusted Mortality Ratio (Ischemic-Only model)
Risk-Adjusted Mortality Ratio (Ischemic and Hemorrhagic model)

JTC PSC Stroke Core Measures

STK-1
STK-2
STK-3
STK-4
STK-5
STK-6
STK-8
STK-10
Stroke Team Activation
Stroke Team Arrival
Neurosurgical Services Consulted
Brain Imaging Time
Lab Tests Time
ECG Time
Chest X-ray Time

Composite Measures

GWTC/PAA Composite
CDC/COV Composite
Stroke Core Measure Composite

Defect Free Measures

GWTC/PAA Defect-Free
CDC/COV Defect-Free

My Hospital
All Hospitals
All MA Hospitals
Certified JC PSC Hospitals
JC PSC Hospitals
New England Hospitals
Northeast Region Hospitals

Add Another Report

Back to Report List

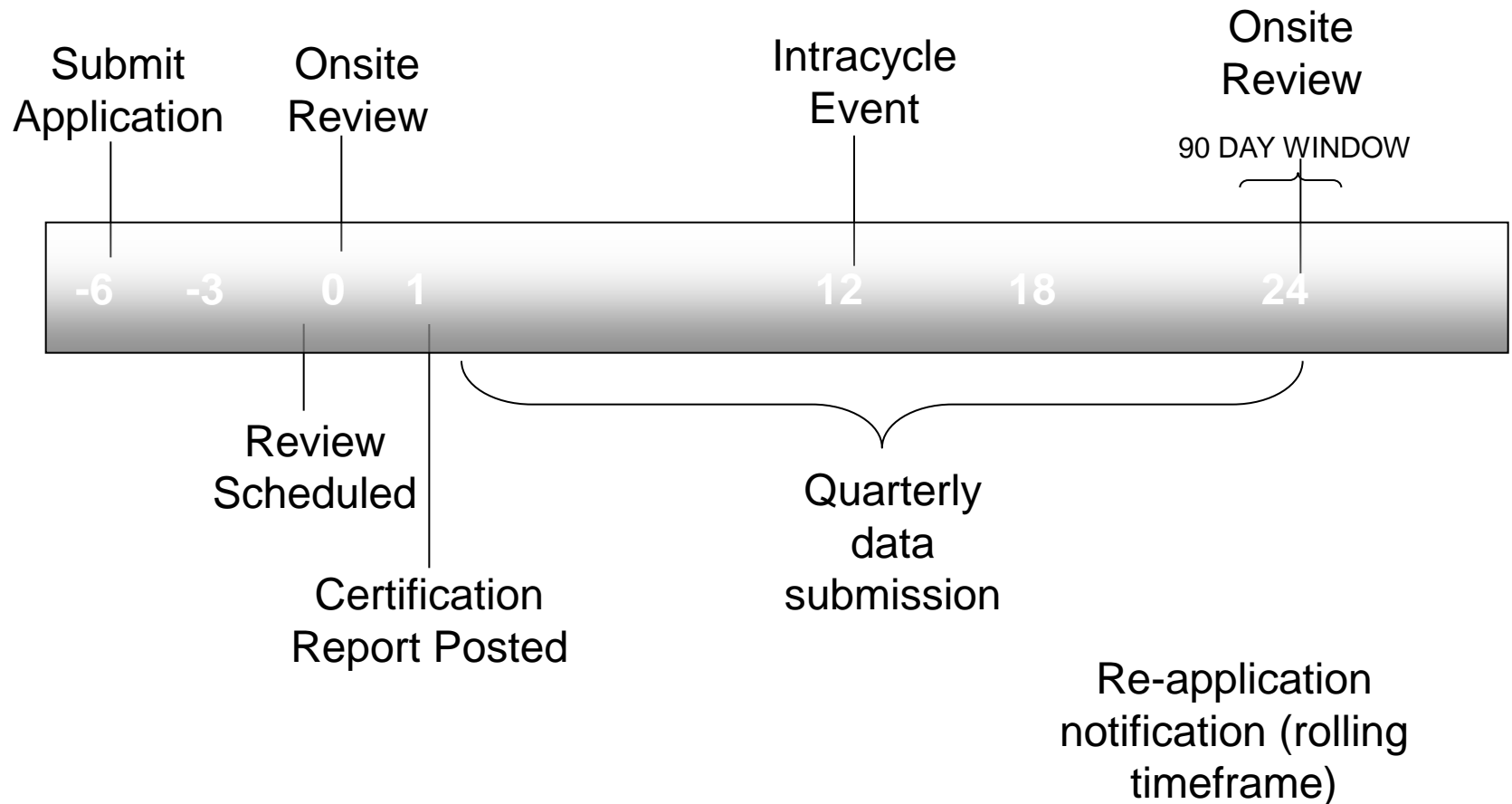
Measure Descriptions - Achievement
Measure Descriptions - Quality
Measure Descriptions - Reporting
Measure Descriptions - Descriptive
Measure Descriptions - PSC
Additional MA PSS Measures
Stroke Core Measures
NYS Measure Descriptions

Measure group with all 10 Consensus Measures with case inclusion by Clinical Diagnosis (including Stroke and TIA)

Timelines

- Submit Application for Certification
- Review must be completed within 6 months
- Reviewer will verify 4 month track record of standards compliance
- Official Certification Report mailed within 45 days after Review
- Submit data on measures, update CPGs, and attest to ongoing standards compliance 12 months after review
- Re-certification application mailed to program 18 months after their first review

Certification Timelines by Month



Disease-Specific Care Certification Award Cycle



	Year 1 +	Year 2 =	2-year award
	Off-site and On-site Evaluation	Off-site Intracycle Evaluation	
Scope of review	Evaluation of standards, clinical practice guidelines and outcomes	Review of updated clinical practice guideline information and demonstrated ongoing improvement in outcomes	
Outcome of Evaluation	Obtain Certificate of Distinction	Maintain Certificate of Distinction	

What is CMS doing with Stroke?

What is CMS doing with Stroke?



In the draft inpatient prospective payment system rule (IPPS), CMS proposed that for fiscal year (FY) 2013 payment determination, hospitals choose one of the following four proposed measure topics:

1. Implantable Cardioverter Defibrillator (ICD) Complications
2. Cardiac Surgery
3. Stroke
4. Nursing-Sensitive Care

What is CMS doing with Stroke?



CMS is proposing that hospitals report data on the proposed measure(s) applicable to the measure topic to a qualified registry for the specific topic area.

What is CMS doing with Stroke?



CMS proposes that hospitals would select at least one of the four proposed measure topics for which they will report data on beginning with **January 1, 2011 discharges**, and allow the registry to calculate and report measure data for the specified measures to CMS (via QualityNet) for Reporting Hospital Quality Data for Annual Payment Update (RHQDAPU) program purposes.

What is CMS doing with Stroke?



The final rule is anticipated to published at the end of July, 2010.

If you would like to look at the rule in its entirety, please go to:

http://www.federalregister.gov/OFRUpload/OFRData/2010-09163_PI.pdf .

Thank You

Questions?